Appendix E

AD HOC COMMITTEE ON HEALTH PERSONNEL DATA

Appendix E
Ad Hoc Committee on Health Personnel Data

A report given in response to the *1999–2004 Texas State Health Plan* goal:

Goal 1: Ensure that the needed number of health care professionals are educated and trained.

Objective 1.1: Improve coordination of data collection and statewide planning efforts.

Report to the Statewide Health Coordinating Council

February 10, 2000

Texas Statewide Health Coordinating Council
Ad Hoc Committee on Health Personnel Data
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SHCC Member

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Public Member
SHCC Member

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Health Professions Resource Center
Texas Department of Health

Jane McFarland
Health Professions Council

Sherry Lee
Board of Examiners of Psychologists
Austin

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University of Texas Health Science Center at Fort Worth

Rumaldo Z. Juarez, Ph.D.
School of Health Professions
Southwest Texas State University

Stacey Silverman
Health Affairs Division
Texas Higher Education Coordinating Board

Craig H. Blakeley, Ph.D., M.P.H.
School of Rural Public Health
Texas A&M University
Health Science Center

Barbara J. Miller
State Occupational Information Coordinating Committee,
Texas Workforce Commission

Don R. Miller, Ph.D.
Center for Health Economics and Policy
University of Texas Health Science Center at San Antonio

Marcia Collins
Medical Education Department
Texas Medical Association

Whitney Bischoff, Dr.P.H., R.N.
School of Nursing
Texas A&M University, Corpus Christi

Virginia Kennedy, Ph.D.
Management and Policy Sciences
UT School of Public Health, Houston

Richard Schirmer
Texas Hospital Association

Staff:
Suzanne Adair, Ph.D.
Office of Policy and Planning, Texas Department of Health

Ad Hoc Committee on Health Personnel Data

INTRODUCTION

Over half a million workers comprise the health care workforce in Texas. They provide health care in various settings and services that cover the full spectrum of the health care delivery system. The Statewide Health Coordinating Council's workforce arm, the Health Professions Resource Center (HPRC), currently tracks the supply trends for state licensed health professionals.

Given the diversity, rapid growth and constant evolution of the health personnel workforce, there is an increasing need to maintain a comprehensive database that includes demographic information as well as basic licensure information. For example:

- Who are they (e.g., physician assistants)?
- Where do they work (e.g., hospitals)?
- What are their characteristics (e.g., gender)?
- What type of training do they have (e.g., associate degree)?
- How many are there (e.g., number per 100,000 population)?
- How many should there be now and in the future (e.g., 20 percent increase in the number of graduates)?

To assess the status of the current workforce and to forecast the requirements for health professionals in the future, reliable, accurate, complete and timely health professions data must exist and be readily accessible to workforce planners. A common set of data elements collected on all of the licensed health professions would ensure the establishment of a comprehensive database. Timely, complete and accurate data allow for the following types of analyses:

- Evaluating the effects of various forces on the requirements for health care personnel.
- Tracking trends in the supply and requirements for personnel.

- Monitoring the annual changes in health professions education pipelines.
- Reporting the annual distribution and composition of the health care workforce.
- Evaluating the effects of public policies on health care professional education, recruitment and retention.
- Planning new educational programs and funding streams.
- Determining performance measures at state educational institutions.

Legislative Charge to the Statewide Health Coordinating Council

The Texas Health and Safety Code, §104.0421, directs the Statewide Health Coordinating Council to work with "professional licensing agencies to develop uniform standards for health professional data collected by those agencies, to enable the Council to maintain a comprehensive health professional database." It specifies that, "the Council shall retrieve data on health professionals from the appropriate licensing agencies...and enter (into) agreements...concerning the identification, acquisition, transfer and confidentiality of data."

High priority is to be placed on collecting and disseminating data on health professions in acute shortage areas, on nursing personnel and on health professions needs in rural areas. The legislation states that, at a minimum, the data must include the number and distribution of health professionals; their licensure or certification status; information on their specialty areas, if applicable; and trends or changes in license holders according to number or geographic distribution.

In implementing the requirements of the Health and Safety Code, §104.0421, the Council sought to bring about the coordination of health professions training and workforce development activities in Texas identified in the *1999-2004 Texas State Health Plan*. This plan addressed seven goals for ensuring that Texas residents are served by a high quality health care workforce, both now, and in the future. The Council appointed the Ad Hoc Health Personnel Data Advisory Committee to accomplish the first of these seven goals - *to ensure that the needed number of health care professionals are educated and trained.* The Ad Hoc Committee was to accomplish this through implementing strategy 1.1.1 of the Texas State Health Plan:

> Appoint a Health Personnel Data Advisory Committee to provide guidance and improve the coordination and integration of data collection, analysis and statewide health care workforce planning efforts.

According to the statute, the Council is directed to use the health workforce data to monitor and evaluate long-term regional, statewide, and local heath needs. The Council shall use this information for developing workforce goals and recommendations relating to health education, training and regulation. The Health Professions Resource Center is to use the data to publish reports concerning the educational and employment trends for health professions, the supply of and demand for health professionals, and other issues, as necessary, concerning health professions in this state. It is generally accepted that, based on this legislation, state legislators felt that quality health personnel data and workforce analyses are important for determining sound policy and fiscal management of state dollars for the education and training of health professionals in Texas.

BACKGROUND

The Status of Health Professions Data in Texas

State licensing boards focus on the collection of data required to implement their licensure responsibilities. Few of the boards collect adequate information for conducting basic workforce supply studies, planning, or policy-making. Table A-1 contains a list of the types of data elements necessary to perform different levels of workforce analysis. Many boards regard the collection of data beyond the minimum required in their regulatory function to be outside of their statutory requirement. Not all boards, however, follow such a strict interpretation of their enabling acts. For example, the Texas State Board of Medical Examiners (TSBME) and the Texas Board of Nurse Examiners (TBNE) have considered it in their best interest to collect more comprehensive data on their licensees.

Minimum Data Set

To meet the legislative charge of §104.0421, the Ad Hoc Committee convened a data subcommittee to review the data elements currently collected by the boards and to develop a proposed Minimum Data Set (MDS) that could be used as a common framework by all licensing boards for the collection of licensee data. Many of these

data elements were selected directly from the TSBME and the TBNE data elements collected on their licensees. The proposed minimum data set was presented to the Ad Hoc Committee and revisions were made based on input from the committee and the boards. Table A-2 includes the final version of the list of data elements proposed in the MDS.

The MDS elements were selected to answer the most basic and salient questions customers have about health workforce. These basic data elements allow for the analytical compatibility and comparability of data over time and across professions. Although no one workforce method can reliably forecast the supply and requirements for health personnel in the future, the MDS is essential for conducting even the simplest of workforce supply studies and for measuring the state's progress in the recruitment and retention of health personnel.

The MDS should be integrated into the existing data sets already being collected on state licensees. The assumption is that basic workforce information is needed by all boards in order to answer the many questions they receive from their licensees, state legislators, and other customers. Many of these customers need health professions data to satisfy state and federal mandates, and, in many cases, the licensing boards are the only sources of such data. The principal types of customers the Ad Hoc Committee determined to be most in need of the data elements in the MDS are as follows:

- State legislators and state agencies
- Professional associations
- Educational institutions
- Agencies concerned with issues of primary care and medical under-service
- Managed care organizations, hospitals and other health care employers
- Consumer and citizen advocacy groups
- Health workforce policy researchers

Upon the advice of licensing board staff and attorneys, ad hoc committee members, and other state and federal workforce planners, the proposed data set was kept to a minimum to ensure better compliance by health professionals who must complete this information on their license application or renewal form. Limiting the MDS to "need to know" rather than "nice to know" data about health professionals limits

the number of questions the applicant or licensee must answer and the amount of data processing needed to be done by the boards.

The ad hoc committee discussed whether the data fields on the application or renewal forms should be mandatory for licensure or renewal. Some Texas boards and boards in other states have found that most health professionals respond to the questions on their application or renewal forms regardless of whether the fields are mandatory or voluntary. Given the increase in personnel costs required to monitor the completion of all data elements if they are mandatory for licensure, the committee does NOT recommend that the licensing or renewal of a professional's license be dependent upon the completion of all data elements. There are also legal considerations that prohibit making the collection of age, gender, race/ethnicity data elements mandatory.

The MDS represents basic or core descriptors common to all professions and is not entirely sufficient for conducting more sophisticated workforce analyses. More specialized data elements such as compensation, retirement planning, employment benefits, and practice patterns are proposed to be collected through the use of survey tools. Most of the boards indicated they were willing to assist the Council by enclosing surveys in their license renewal applications.

Barriers to Implementing the Proposed Minimum Data Set

To determine the feasibility of implementing the MDS, the Ad Hoc Committee mailed a survey to licensing board staff and attorneys and asked them to reply to questions concerning the implementation of the MDS by their boards. Licensing board staff answered questions about the applicability of the MDS data fields to their professions; the fiscal and workload impact to their boards if the MDS were implemented; the possible use of optically scanned license application and renewal forms; their willingness to include a one to two page workforce survey tool with their renewal forms; and the ramifications (cost, personnel, etc.) of collecting MDS information as mandatory versus voluntary information. Licensing Board attorneys replied to legal questions about implementing the MDS. These questions concerned the possible violation of laws governing the boards pursuant to the collection of the MDS; the possible violation of any confidentiality laws if the MDS were implemented; whether the collection of the MDS data elements could be mandated

by law as a condition for licensure or renewal; and, whether implementing the MDS would violate their boards' current rules.

The following barriers to implementing the MDS were identified:

- The cost for staff, printing, additional programming, and equipment upgrades were considered barriers to implementation. State Appropriations Act, Article VIII, would require many of the boards to significantly raise their licensing fees to cover costs incurred in implementing the MDS.
- State employment (FTE) caps prohibit the hiring of new staff to implement the MDS
- Concern that the collection and release of privacy data (social security number, race/ethnicity, etc.) by the boards to other state agencies would violate state Open Record Acts and Privacy Acts

Although many board staff indicated that it would be simpler if the Council were to collect MDS data by survey, research by the Ad Hoc Committee indicated that the development and collection of multiple surveys of health professionals would be cost prohibitive (see Table A-3).

Other states have found that costs related to the development and routine administration of the surveys required for effective planning have been determined to be prohibitive. In addition, the effectiveness of that collection methodology is questionable given the historically poor survey return rates. Thus, the use of survey tools to collect basic health personnel data would be cost prohibitive and less reliable when compared with collection of the MDS through license application or renewal forms. However, as mentioned earlier, surveys would be useful for the collection of data for special projects or studies such as the salaries and benefits of health professionals, multiple practice address issues, and practice patterns.

Proposed Implementation of MDS

The Ad Hoc Committee used information provided by the licensing boards staff to determine which data elements were missing from their licensee databases. A list of these data elements is presented in Table A-4. It was suggested in the Ad Hoc Committee that if the HPRC were to contract with the licensing boards to collect the data, barriers such as the FTE cap, the structure of the boards' appropriations, and the current fee collection system could be surmounted. The Ad Hoc Committee

proposes that the Texas Legislature appropriate funds to the HPRC to contract with the licensing boards to collect the existing and missing data elements.

The HPRC would implement the MDS in a priority order. Priority order for implementation was determined by consulting with the Higher Education Coordinating Board, the Center for Rural Health Initiatives, an academic representative of allied health programs and a representative of an academic health center. Collection of survey data high priority professions would be funded for implementation as soon as funding was appropriated, low priority professions would be funded at a later date. The intent would be that all of the licensed health professions in Texas would be collecting the MDS by 2006. Table A-5 includes a list of these professions in order of priority.

Licensing board staff also expressed concern about the privacy of the data collected in the MDS, especially the social security number. Licensing boards have been unwilling to provide this critical data element to the HPRC and other state agencies because of HB 692 passed by the 76th Texas Legislature that prevents the release of the social security number under the open records act. Board attorneys indicated that the social security number and other privacy data may be available to other state agencies since a transfer of information from one governmental body to another is considered an intra-governmental transfer. The receiving agency is required to maintain the same confidentiality statutes as the original holder of the information.

The social security number is important to the Council and other state agencies because it allows the accurate identification of health professional licensees within the state. Since a licensee's name and address may change over time, and nicknames and variants for given names may be used by licensees, the social security number is the only reliable data element that allows state agencies to follow the location and distribution of health care personnel across the state. State health professions schools have an interest in these data, and in some instances, a state requirement, to determine where their graduates locate upon graduation, how many remain in the health professions field, and how likely are health personnel of various racial/ethnic backgrounds to serve populations with similar racial/ethnic backgrounds. Other state agencies need the social security number to determine an important workforce supply variable – the number of Texas trained graduates employed in Texas versus the number of health professionals practicing in Texas who were trained at out-of-

state institutions. Given the importance of the social security number as the personal identification data element, the Ad Hoc Committee recommends an amendment to HB 692 that would clarify the transfer of this data element.

Finally, to meet the requirements of state statute, the Ad Hoc Committee recommends that a memorandum of agreement between the Health Professions Resource Center and each licensing board be developed. These agreements should focus on the identification, collection, acquisition, transfer and confidentiality of data.

The Ad Hoc Committee acknowledges that revising existing data collection systems is difficult and costly. The Ad Hoc Committee has had excellent cooperation and input from the licensing boards and the Health Professions Council. The recommendations proposed are the result of a collaborative effort to meet the Council's legislative mandates and the boards' resource needs to implement the MDS.

AD HOC COMMITTEE RECOMMENDATIONS

Based on the meetings and surveys with licensing board staff, the Ad Hoc Committee developed four recommendations to ensure that the state has the ability to maintain a comprehensive database of health professionals in Texas.

***Recommendation One**:* Amend the Health and Safety Code, §105.003, to include the data elements listed in Attachment A as minimum data to be requested from each health professional licensed in Texas.

Recommendation Two: Appropriate funds to the Statewide Health Coordinating Council to be used to contract with the state health professions licensing boards for them to collect the minimum data set.

Implementation of the minimum data set would be on a priority basis as determined by the Statewide Health Coordinating Council. Any licensing board entering into an interagency contract to collect the minimum data set may exceed their FTE cap for the purpose of providing data collection and processing support to the Council.

The contract will specify services to be provided and include sufficient funds to fully support the FTE's hired or contracted by the agency

Recommendation Three: Implement the MDS in any new licensing system for a healthcare professional licensing board that results from the licensing system analysis study by the Department of Information Resources (House Bill 1, 76th Legislative Session, Section 1-67, Department of Information Resources, Rider #6) should be able to accommodate the recommended MDS.

Recommendation Four: Amend H.B. 692, 76th Texas Legislative Session, to allow for the disclosure of the social security number and other licensing board data including, but not limited to, gender, date of birth, and race/ethnicity to the Health Professions Resource Center, other state agencies and state universities.

Release of such licensing data should be subject to any confidentiality requirements and guidelines outlined by the open records laws and privacy laws of Texas.

Recommendation Five: Develop a Memorandum of Understanding between the Health Professions Resource Center and each of the health professions licensing boards:

1) Annual acquisition of data
2) Disposition and ownership of board licensee data
3) Collection of fees for databases
4) Disclosure of data that are subject to the open records law
5) Collaborative efforts for collection of additional needed workforce data.

Table A-1. Levels of Health Personnel Workforce Studies

Type of Workforce Analysis	Hierarchy - Level of Data and Analysis		
	Basic Data & Analyses	**Intermediate Data & Analyses**	**Advanced Data & Analyses**
Supply of Personnel	License Counts Employment Counts National Trends: Practitioners Employment State Trends: Practitioners Employment Association Data: Members General Data	New professionals Education Pipeline: Enrollments Degrees Trends Adjustments: Age Gender Practice FTE Specialty Sub-state Regions Migration Patterns Projections	Special Surveys: Providers Educators Practitioners Special Problems: Rural Areas Inner Cities Small Area Studies: Zip codes Cites & towns Special Districts Travel Time Integrated Models Credential Changes Practice Patterns
Requirements for Personnel	Ratios of Personnel: To population To patients To beds, etc. Historical Trends: Hospitalizations Office Visits Employment Stats: Providers Government Standards & Norms: Baselines Targets	Demand Factors: Age Income Facility Changes: New Facilities Closed Facilities New Services Needs vs. Demand: Underserved Special Populations Substate Regions Indirect measures: Salary Trends Recruiting Vacancies	Special Problems: Inner city Rural AIDS STDs Preventive Care Illness patterns Special Surveys: Practitioners Employers Patients Public Integrated Models Utilization Studies: 3rd Party Payers Productivity Regulations

Slight Modification of a Table from: Wing, Paul and Edward S. Salsberg. Data Systems to Support Health Personnel Planning and Policymaking: A Resource Guide for State Agencies. The New York State Department of Health and the U.S. Department of Health and Human Services, pg. 72 (Figure 2. Health Personnel Analysis Hierarchy), October 1992.

Table A-2. List of 37 Workforce Data Elements in the Minimum Data Set

1) Last Name
2) First
3) Middle Name
4) Social Security Number
5) License (Certification, Registration) Number
6) License Issuance Date
7) Method of Licensure
8) Registration Status
9) Gender
10) Race /Ethnicity (single field; or, Hispanic origin/Race/Ethnicity in two different fields)
11) Date of Birth (single field; or, separate fields for year, month & day of birth)
12) Place of Birth (state/foreign country)
13) Mailing Address
14) Mailing City
15) Mailing State
16) Mailing Zip Code
17) Basic Health Professions Degree - Professional degree required for entering profession
18) Basic Health Professions Degree - School Location
19) Basic Health Professions Degree - School name
20) Basic Health Professions Degree - Graduation Year
21) Highest Health Professions Degree - Highest professional degree
22) Highest Health Professions Degree - School Location
23) Highest Health Professions Degree - School Name
24) Highest Health Professions Degree - Graduation Year
25) High School Location - Tex County, other State or other Country
26) Primary Specialty or Work Area
27) Secondary Specialty or Work Area
28) Primary Practice Site - Specialty (e.g., family practice, etc.)
29) Primary Practice Site - Address
30) Primary Practice Site - City
31) Primary Practice Site - State
32) Primary Practice Site - Zip Code
33) Primary Practice Site - County FIPS Code
34) Primary Practice Site - Hrs/week at location
35) Primary Practice Site - Employment setting type (Rural Health Clinic, hospital, etc.)
36) Second Practice Site (SPL) - Zip Code
37) Second Practice Site - County FIPS code

Table A-3. Comparison of Three Scenarios for Collecting Health Care Professions Data in Texas

SCENARIO 1	COST	PROS	CONS
BOARD SCENARIO Boards add missing MDS data elements into current databases and collect all MDS data on licensing and/or renewal forms.	Implementation - Yr 1 $1,793,000 Maintenance - Yr 2-5 $3,938,000 Total - $5,731,000	Return rates for data collection forms (licensing/ renewal) approach 100%. Builds on existing systems. Data needs of the U.S. DHHS's HPSA program (for complete licensee data) are satisfied. Boards keep current with profession specific database variables (e.g., specialties, settings, degrees, etc.) MDS data elements are not mandatory for licensure.	Must modify existing databases/ forms. Must overcome implementation barriers: 1) State Comptroller's lock box system for collecting licensing fees and data has licensing form size limitations that could be exceeded. 2) State FTE cap for hiring staff. 3) Inadequate computer systems, office space and staffing.
SCENARIO 2	**COST**	**PROS**	**CONS**
BOARD-HPRC SURVEY SCENARIO Health Professions Resource Center collects missing MDS data with a survey attached to renewal forms.	Implementation - Yr 1 $2,024,000 Maintenance - Yr 2-5 $8,096,000 Total – $10,120,000 According to Texas SOICC, the costs for conducting a survey under Scenarios 2 would approximate the cost for Scenario 3.	Boards do not change their existing system. Since surveys are attached to licensing or renewal forms, return rates could meet U.S. OMB standard rate of 75% for reporting labor statistics if extensive follow-up work with non-responders is done.	Data needs for U.S. DHHS HPSA program and the Texas Legislature will not be met with a 75% return rate. Survey costs are high and remain constant for initial and subsequent years. HPRC is not staffed or funded for developing and conducting surveys. HPRC must be able to collect the SSN number in order to link survey data to board licensee data for analysis.
SCENARIO 3	**COST**	**PROS**	**CONS**
HPRC SURVEY SCENARIO Health Professions Resource Center collects ALL MDS data with a survey tool, independent of the boards.	Implementation - Yr 1 $2,024,000 Maintenance - Yr 2-5 $8,096,000 Total – $10,120,000	Boards would not have to change their existing systems.	Survey reports indicate that return rates of 10-40% are typical unless extensive follow-up work with non-responders is done. HPRC resource needs for data entry are increased. Without increased resources, HPRC would not be able to conduct specialized workforce studies such as addressing compensation and practice pattern issues. It would be difficult for HPRC to keep current with Board changes in data variables such as specialties, practice settings and degrees for 32 licensing boards.

NOTES:

Board staff for nine professions (Chiropractor, Physical Therapist, Occupational Therapist, Optometrist, Physician, Physician Assistant, Acupuncturist, Pharmacist, Psychologist) submitted costs for implementing the MDS. The costs were determined based on computer costs (new equipment and programming), office supply costs (printing, postage, etc.) and data entry or administrative staff costs (new FTEs for implementing and maintaining the MDS data elements).

Cost estimates were computed on a cost per licensee figure for each board. Costs will vary by board because the number of missing data elements and the number of professionals licensed varies with each board. The number of missing data elements by board ranges from 2 to 12 data elements, the average being 8. However, since each survey must include 10 identifier fields such as name, license number, social security number and address, the smallest survey form needed to collect missing fields would be comprised of at least 12 of the 37 data elements.

Costs for First Year of Implementation. The cost range for implementing the MDS for those boards responding was $2.17 (Board of Physical/Occupational Therapists) to $ 51.06 (Texas State Board of Examiners of Psychologists) per licensee. The average of these nine professions was $3.26. Thus, the first year costs for implementing the MDS by all Boards (Scenario 1) is $1,793,000 using a cost estimate of $3.26 per licensee and 550,000 licensees.

Costs for Second – Fifth Year. The first implementation year was more costly than the subsequent or "out-years" because many items such as programming, revision of licensing forms and initial personnel costs were applicable only to the first year. The principal costs in the "out-years" were for data or administrative personnel salaries and was calculated to be 55% of the first year costs based on data from the Boards of Optometry, Pharmacy, Psychology and Physical/Occupational Therapy. The range for the "out-year" costs compared to the initial year costs was 40% to 63%. Thus, the "out-years" average cost was calculated to be $1.79 ($3.26 x 0.55 = $1.79).

Survey Data.

The cost for implementing the Scenarios 2 and 3 were based on the cost for conducting surveys reported to the committee from other state agencies.

Out-of-state Cost Estimates. Workforce centers in Wisconsin (Bureau of Health Information) and New York (Center for Health Workforce Studies) were questioned as to the cost for collecting workforce data on health care licensees. Wisconsin collects data on 18,000 physicians and charges each a fee of $5.00, the amount that they have determined to minimally cover the cost of the surveys. New York survey costs average about $2 per person. The average cost for these two workforce centers to collect workforce data is $3.50.

In-state Cost Estimates. The Texas Medical Association (TMA) conducts several types of surveys. Postage rates, data entry and analysis of a 4-page survey cost $2.14 per person. Thus, the total cost is $2.37 per person.

The University of Texas at Houston conducts surveys on health professionals and has determined the cost for conducting a survey is $5 per person.

Texas State Occupational Information Coordinating Committee (SOICC) of Texas Workforce Commission was consulted and advised that Scenarios 2 and 3 would not be significantly different in costs. Texas SOICC has extensive experience managing workforce survey data.

Table A-4. MDS fields missing from current state licensing board databases.

State Licensing Board	Missing MDS Fields		
Acupuncturists	High School Location Primary Practice Site- Activity	Primary Practice Site- County Primary Practice Site- Hours Primary Practice Site- Setting	Second Practice Site- Zip Code Second Practice Site- County
Athletic Trainers	Gender Race-Ethnicity Place of Birth Basic Professional Degree (all)	High School Location Primary Practice Site- Activity Primary Practice Site- County Primary Practice Site- Setting	Primary Practice Site- Hours Second Practice Site- Zip Code Second Practice Site- County
Audiologists	Gender Race-Ethnicity Place of Birth	Primary Specialty Secondary Specialty Primary Practice Site- Specialty Primary Practice Site- county	Primary Practice Site- hours Second Practice Site- Zip Code Second Practice Site- County
Chiropractors	Race-Ethnicity Place of Birth	High School Location Primary Practice Site- Activity Primary Practice Site- Hours	Primary Practice Site- Setting Second Practice Site- Zip Code Second Practice Site- County
Contact Lens Dispensers (Permit Program)	Method of Licensure Gender Race-Ethnicity Place of Birth	High School Location Primary Practice Site- County Primary Practice Site- Hours	Primary Practice Site- Setting Second Practice Site- Zip Code Second Practice Site- County
Counselors, Professional	Gender	Race-Ethnicity	
Dentists	Race-Ethnicity Basic Professional Degree- Location	High School Location Primary Practice Site- setting	
Dental Hygienists	Method Licensure Race-Ethnicity High School Location	Place of Birth Basic Professional Degree - Site Primary Practice Site- Hours	Primary Practice Site- Activity Second Practice Site- Zip Code Second Practice Site- County
Dietitians	Gender Basic Professional Degree (all) Race-Ethnicity	Place of Birth High School Location Primary Practice Site (all)	Second Practice Site- Zip Code Second Practice Site- County
Fitters and Dispensers of Hearing Instruments	Gender Race-Ethnicity	Place of Birth High School Location	Primary Practice Site- hours Second Practice Site- County
Marriage and Family Therapists	Place of Birth Gender	Race-Ethnicity High School Location	Primary Practice Site- hours Second Practice Site- County
Massage Therapists	License Issue Date Method of Licensure Race-Ethnicity Place of Birth	High School Location Primary Practice Site- county Primary Practice Site- hrs	Primary Practice Site- Setting Second Practice Site- Zip Code Second Practice Site- County

State Licensing Board	Missing MDS Fields		
Medical Laboratory Practitioners (Voluntary Registry)	Method of Licensure Gender Race-Ethnicity	Place of Birth High School Location Primary Practice Site (all)	Second Practice Site- Zip Code Second Practice Site- County
Medical Physicists	Gender Race-Ethnicity	High School Location Primary Practice Site-Hours	Primary Practice- Setting Second Practice Site- Zip Second Practice Site- County
Medical Radiologic Technologists	Gender Race-Ethnicity	Highest Professional Degree Primary Practice Site-Hours	Primary Practice Site-Setting Second Practice Site-Zip Code Second Practice Site-County
Midwives, Direct Entry	Race-Ethnicity Basic Professional Degree- School Basic Professional Degree- Year Basic Professional Degree- Location	High School Location Primary Practice Site-Address Primary Practice Site- City Primary Practice Site-State	Primary Practice Site- Zip Code Primary Practice Site- Hours Second Practice Site- Zip Second Practice Site- County
Nurses, Licensed Vocational	Place of Birth Basic Professional Degree- School Highest Professional Degree (all)	High School Location Primary Practice Site (all)	Second Practice Site- Zip Code Second Practice Site- County
Nurses, Registered	Place of Birth High School Location Primary Pract. Site-Specialty	Primary Pract. Site-Address Primary Pract. Site- City Primary Pract. Site- State	Primary Pract. Site-Hours Second Practice Site- Zip Code Second Practice Site- County
Occupational Therapists	High School Location Highest Professional Degree-School Highest Professional Degree-year	Primary Practice Site-Hours Primary Practice Site-Setting	Second Practice Site- Zip Code Second Practice Site- County
Opticians (Voluntary Registry)	Method of Licensure Gender Race-Ethnicity Place of Birth	High School Location Primary Practice Site-county Primary Practice Site-Hours	Primary Practice Site- Setting Second Practice Site- Zip Code Second Practice Site- County
Orthotists and Prosthetists	Gender Race-Ethnicity Basic Professional Degree (all)	Highest Professional Degree (all) High School Location Primary Practice Site-Hours	Primary Practice Site- Setting Second Practice Site- Zip Code Second Practice Site- County
Optometrists	Place of Birth Basic Professional Degree- School	High School Location Primary Practice Site-Hours	Second Practice Site- Zip Code Second Practice Site- County
Perfusionists	Gender Race-Ethnicity	Place of Birth High School Location	Primary Practice Site-Hours

State Licensing Board	Missing MDS Fields		
Physicians	Highest Profess. Degree- School Highest Profess. Degree- Location	Highest Profess. Degree- School Name Highest Profess. Degree- Graduation Year	Second Practice Site- County Primary Practice Site- Setting
Physician Assistants	Method of Licensure Basic Professional Degree High School Location	Primary Practice Site- county Primary Practice Site- Hours Primary Practice Site- Setting	Primary Specialty Second Practice Site- Zip Code Second Practice Site- County
Physical Therapists	Gender High School Location	Primary Practice Site (all fields) Second Practice Site- Zip Code	Second Practice Site- County
Podiatrists	Method of Licensure Place of Birth High School Location	Basic Profess. Degree- Location Primary Practice Site- county Primary Practice Site- Hours	Second Practice Site- Zip Code Second Practice Site- County Primary Practice Site- Setting
Psychologists	Gender Race-Ethnicity Place of Birth Basic Professional Degree – Site	Highest Profess. Degree- School Basic Professional Degree- year Highest Professional Degree (all) High School Location	Registration Status Primary Practice Site (all) Second Practice Site- Zip Code Second Practice Site- County
Social Workers	Gender Race-Ethnicity Place of Birth	Basic Professional Degree (all) Highest Profess. Degree- School High School Location	Secondary Specialty Primary Practice Site- Hours Second Practice Site- Zip Code Second Practice Site- County
Respiratory Care Technicians	Gender Race-Ethnicity	Place of Birth High School Location	Primary Practice Site- Hours Second Practice Site- Zip Code Second Practice Site- County
Speech-Language Pathologists	Gender Race-Ethnicity Place of Birth	High School Location Primary Practice Site- county	Primary Practice Site- Hours Second Practice Site- Zip Code Second Practice Site- County

Table A-5. Health Professions by Priority Group for Implementing the MDS

Level 1 Priority Group

- Audiologists
- Chiropractors
- Dentists
- Dental Hygienists
- Dietitians
- Licensed Vocational Nurses
- Medical Radiologic Technicians
- Occupational Therapists
- Optometrists
- Pharmacists
- Physicians
- Physician Assistants
- Physical Therapists
- Psychologists
- Registered Nurses (including advanced practice nurses)
- Respiratory Care Practitioners
- Speech Language Pathologists
- Social Workers

Level 2 Priority Group

- Acupuncturists
- Athletic Trainers
- Direct Entry (Documented) Midwives
- Fitters and Dispensers of Hearing Instruments
- Licensed Professional Counselors
- Marriage & Family Therapists
- Massage Therapists
- Medical Physicists
- Orthotists / Prosthetists
- Perfusionists